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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/840,113	
	Filing Date	05/06/2004	
	First Named Inventor	CHRISTOPHER N. NAGLE	
	Art Unit	3616	
	Examiner Name	TIMOTHY WILHELM	
Total Number of Pages in This Submission	2	Attorney Docket Number	22310.16

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<b>Remarks</b>		

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Signature			
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Date	5/8/07	Reg. No.	

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INDICATION FORM**

Application Number	10/840,113
Filing Date	05/06/2004
First Named Inventor	CHRISTOPHER N. NAGLE
Title	
Art Unit	3616
Examiner Name	TIMOTHY WILHELM
Attorney Docket Number	22310.6

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	5/8/07
Name	CHRISTOPHER N. NAGLE	Telephone	215 343 4850
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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